



October 17, 2003

Director, Epidemic Intelligence Service (D18)

Call for Abstracts — Epidemic Intelligence Service (EIS) Conference, April 19–23, 2004

EIS Officers and Alumni/ae

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**The 53<sup>rd</sup> Annual EIS Conference will be held April 19–23, 2004. The site of this year's Conference will be the Crowne Plaza Ravinia, 4355 Ashford Dunwoody Road, Dunwoody, GA 30346, 770-395-7700.**

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The Conference primarily highlights epidemiological contributions of current EIS officers. EIS alumni/ae may also submit abstracts for consideration by the Scientific Program Committee (SPC), which is chaired jointly this year by Dr. Robert W. Linkins of the National Immunization Program, and Dr. James P. Alexander, Jr., of the Division of Applied Public Health Training, Epidemiology Program Office. In making its selections, the Committee will consider not only abstract quality, but program balance as well. For this year's program, two presentation categories are being considered: oral and poster. Each category will consist of excellent abstracts on a variety of topics.

Continuing medical education (CME) has been offered at the EIS Conference for several years. This year, the Conference will also offer continuing nursing education (CNE) and continuing education unit (CEU) credits as well.

## **SUBMISSION OF ABSTRACTS AND CME DOCUMENTS**

- **Deadline.** The deadline for edited and cleared abstracts and supporting documents to be received in EPO is **Friday, January 9, 2004**. Abstracts received after this date will not be considered and will be returned to the submitters. **Note that your Center will set its own (earlier) deadline for abstracts to be submitted for clearance within the Center.**
- **Preparation.** The attached document, "Abstract Instructions" (Attachment A), outlines the procedures for submitting an abstract, provides technical instructions for abstract preparation, and includes a sample abstract as an example to follow.

- **Transmission.** The preferred method of transmission is as a WordPerfect or Word document file attached to an electronic mail message; however, a WordPerfect or Word document file on a 3-1/2" diskette is also acceptable. Abstracts should be sent to:  
Erica Lowe (erl2@cdc.gov)  
2004 EIS Conference Coordinator  
Epidemiology Program Office, MS D18  
Centers for Disease Control and Prevention  
Atlanta, Georgia 30333
- **Evaluation.** The Scientific Program Committee will use a form (Attachment B) to evaluate the abstract. Your abstract should address **each** of the six components listed on the form.
- **Continuing Education.** To facilitate the requirements for offering continuing education at the conference, please complete the attached "Biographical Data Form" (Attachment C) and email it with your abstract to Erica Lowe. Complete the "Conflict of Interest Disclosure Form" (Attachment D) and **FAX** it to Erica at 404-639-1311.
- **Acceptance.** All submitters will be notified by **February 6, 2004**, whether their abstracts have been accepted and, if so, whether they are to prepare an oral or a poster presentation.

#### **DONALD C. MACKEL MEMORIAL AWARD**

The EIS Alumni/ae Association will sponsor the 19<sup>th</sup> Donald C. Mackel Memorial Award, which will be presented during the Conference. This prestigious award recognizes the oral or poster presentation that best exemplifies the effective application of a combined epidemiological and laboratory approach to an investigation. Presentations for which the first author is a current EIS Officer and at least one coauthor is a laboratorian (CDC, state health department, or other) can be considered for the award. **The Mackel Committee will NOT consider any abstract for the Mackel Award if laboratory results are not included in the abstract submitted by January 9, 2004 deadline.**

The Donald C. Mackel Memorial Award Committee, co-chaired this year by Dr. Chesley L. Richards of the National Center for Infectious Diseases and Dr. Lauren B. Lewis of the National Center for Environmental Health, will be responsible for selecting the year 2004 winners.

Instructions on how to notify the Scientific Program Committee of your interest to be considered for the Mackel Award are found in Attachment A. Instructions for nominating your abstract for consideration for the Mackel Award are found in Attachment E.

#### **J. VIRGIL PEAVY MEMORIAL AWARD**

The EIS Alumni/ae Association will sponsor the 2<sup>nd</sup> J. Virgil Peavy Memorial Award, which will be presented during the Conference. This notable award recognizes the oral or poster presentation that best exemplifies the effective application of statistical methods to an investigation. The J. Virgil Peavy Memorial Award Committee, chaired this year by Dr. Donna F. Stroup, National Center for Chronic Disease Prevention and Health Promotion, will be responsible for selecting the 2004 winner. **The Peavy Committee will NOT consider any abstract for the Peavy Award if statistical methods are not clearly described in the abstract submitted by January 9, 2004 deadline.** If you wish to be considered for the Peavy Award, please indicate your interest in the identification block of the abstract (see Attachment A).

## INTERNATIONAL NIGHT

The International Night session, sponsored by the Division of International Health (DIH), EPO, and the Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET), has been a regular evening feature of the EIS Conference as an affiliated event for a number of years; and it has provided an opportunity for presentations by EIS officers and trainees from Field Epidemiology Training Programs around the world.

This year, the Scientific Program Committee, in collaboration with DIH and TEPHINET, is offering EIS officers an opportunity to present during the International Night session and receive credit for presentation at the EIS Conference. If you're willing to present at International Night, please indicate your interest in the identification block of the abstract (see Attachment A).

If you have any questions, please contact Erica Lowe at 404/639-4000 (phone) or 404/639-1311 (fax).

All of us in EPO are looking forward to the 53<sup>rd</sup> Annual EIS Conference, April 19–23, 2004. We hope to see you there.

Douglas H. Hamilton, M.D., Ph.D.

Attachments

# ABSTRACT INSTRUCTIONS

## 2004 EIS CONFERENCE

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### PROCEDURES AND DEADLINE:

- **Your abstract must be submitted to the Division of Applied Public Health Training (DAPHT), EPO by January 9, 2004.** Your CIO's deadline will be earlier than that date to allow time for Center clearance. Please consult your CIO Editorial Office for their submission date.
- Depending on your CIO, you or your CIO Editorial Office will be responsible for forwarding your abstract **via electronic mail** to Erica Lowe, DAPHT, EPO.
- If you do not have access to electronic mail, send the abstract as a WordPerfect or Word document file on a 3-1/2" diskette along with a printed copy to:

Erica Lowe (erl2@cdc.gov)  
2004 EIS Conference Coordinator  
Epidemiology Program Office, MS D18  
Centers for Disease Control and Prevention  
Atlanta, Georgia 30333

- If you have questions, please contact Erica at 404/639-4000 (telephone) or 404/639-1311 (fax).

### EVALUATION GUIDELINES:

- Each abstract will be reviewed by at least three reviewers according to the following six criteria: 1) significance to public health, 2) background and rationale for study, 3) appropriateness of methods, 4) presentation of results, 5) conclusions and interpretations of results, and 6) overall clarity of abstract. (See Attachment B: "Abstract Evaluation Form.")
- Since some or all of the reviewers and those attending the conference may not be familiar with the subject matter, the author should **explicitly address the public health significance of the subject and the rationale for the study**. "Public health significance" refers to the magnitude of the health event, its seriousness, or its perceived importance to the public. The rationale should indicate why the study is being done (e.g., to answer a new question, to replicate a previous study to determine if the findings are replicable, or because of a public health need).
- Abstracts will be considered as candidates for either oral or author-attended poster sessions. Once an abstract is accepted, the Scientific Program Committee will determine whether it is more appropriate for oral or poster presentation, on the basis of its complexity, need for graphic illustration, and other criteria (e.g., author preference, whether or not more than one abstract by an author has been accepted, the

themes chosen by the committee for oral and poster sessions, etc.). Assignment to an oral or poster session will be independent of the overall score given to the abstract in the selection process.

#### **FORMATTING:**

- Use WordPerfect or Word software. Please save each abstract and other documents as separate files and use the following naming convention for each of the files:

For the **abstract**, use your last name and the characters, “\_abs”, as a unique identifier (e.g., johnson\_abs.wpd or johnson\_abs.doc).

For the **biographical data form** (Attachment C) or your curriculum vita, use your last name and the characters, “\_bio”, as a unique identifier (e.g., johnson\_bio.wpd).

Since a signature is needed for the **conflict of interest disclosure form** (Attachment D), please FAX the completed form to Erica Lowe at 404-639-1311.

For the **Mackel Award submission form** (Attachment E), use your last name and the characters, “\_mac”, as a unique identifier (e.g., johnson\_mac.wpd or johnson\_mac.doc).

If you are submitting more than one abstract or other documents (e.g., two abstracts, Mackel Award forms, and disclosure forms), use your last name, the appropriate characters, and a number to distinguish the various files (e.g., johnson\_abs1.wpd, johnson\_abs2.wpd, johnson\_mac1.wpd, johnson\_mac2.wpd, etc.).

- Abstracts may not exceed 275 words in length.

This word count includes the subheadings of the structured abstract (Background, Methods, Results, Conclusions) but does **not** include the title, author list, and information in the heading (the identification block), or key words. A word count is easily obtained by selecting the appropriate text of the abstract and then choosing the “Properties” command in the “File” menu of WordPerfect or the “Word Count” command in the “Tools” menu of Word.

- Justification: left aligned only
- Because of production limitations, no graphics can be accepted.

#### **TYPING** (See sample abstract):

1. Identification Block--type the following, flush left, single-spaced:

- Presenter's/first author's name (last name, first name, middle initial), degrees, complete mailing address (CDC or other institution), and complete office telephone number. If the address is a CDC address, include center, division, branch, and mailstop.
- EIS Class Year of Entry--19\_\_ or 20\_\_

- Previous EIS Conference presentations, if any. Indicate year and type of presentation, e.g., oral, poster, and/or late-breaking report.
- Mackel Award consideration: yes \_\_\_\_ no \_\_\_\_

If yes, submit supporting information on attached form (Attachment E). Note that this supporting material should be submitted at the same time as the abstract itself and should be in a separate electronic file.

- Peavy Award consideration: yes \_\_\_\_ no \_\_\_\_
- Willing to present at International Night: yes \_\_\_\_ no \_\_\_\_
- Number of abstracts submitted: \_\_\_\_ If more than one, priority of this abstract: \_\_\_\_

If you are submitting more than one abstract, please indicate the priority of each one (e.g., first, second, etc.)

- Strong preference for poster presentation: yes \_\_\_\_ no \_\_\_\_

2. Authors' names--type flush left.

- First author (presenter). Type the full first name and middle initial, if any, before the last name (e.g., John H. Jones).
- Co-authors. List each co-author in order of contribution by typing one initial followed by the last name (e.g., D. Smith, S. Brown).

3. Abstract title--type flush left.

- Be brief. Avoid subtitles if possible.
- Capitalize major words only. Capitalize the second component of hyphenated terms.
- Do **NOT** use abbreviations or acronyms in title.
- Give geographic location (country, state or city) and dates of study or investigation. Do not abbreviate geographic locations; separate them from the rest of the title by an **em dash**, e.g., "Outbreak of Pneumonia — Texas, 1995."

4. Body of the abstract:

- Double-space text in the body of the abstract.
- Structure the abstract, using the following subheadings to identify each section: **Background, Methods, Results, Conclusions**.
- Each subheading should be typed flush left, in bold font, and followed by a colon.

- The **Background** section should address both 1) the public health significance of the subject and 2) the scientific background and rationale for the study (see sample abstract).
- Since an abstract is a citable document, the **Results** section must contain data. It should not include such statements as "Data will be discussed." *If considerable work is needed before the conference, please state in the abstract that results are preliminary.*
- Because of time constraints, changes cannot be made to the abstract after it is submitted to DAPHT/EPO. You may find, however, that the results and conclusions of the study do change, based on data analysis done after submission of the abstract. If your abstract is accepted and significant changes have been made after submission of the abstract, please highlight the changes in your presentation, whether oral or poster.

5. Key words:

- Please include 4-6 key words; use terms listed in the Medical Subject Headings (MeSH) from the Index Medicus (<http://www.nlm.nih.gov/mesh/meshhome.html>).

**STYLE GUIDELINES:**

- Avoid the use of jargon, such as "cases" for "patients."
- Always abbreviate CDC and ATSDR, but define all other abbreviations upon first use in the abstract, e.g., oral contraceptives (OC), except for those used in standard measurements, e.g., 25 mg/L.
- Use an **en dash** "–" with no spaces between characters for a dash, e.g., "health-care providers in the area—i.e., physicians."
- Spell out numbers less than 10 except in the case of standard measurements such as time, dose, and temperature, e.g., "two patients," but "2 cc" and "9 p.m."
- Use metric units. Show conventional terms, if desired, in parentheses, e.g., "0 C (32 F)."
- Use standard "mL," "cm," etc. Exception: Use "L" for liter.
- Use "%" with specific measurements, e.g., "2%," but use "percentage" in stating a generality or category, e.g., "The percentages reflect . . ."
- When a percentage is given in addition to a numerator and denominator, the percentage should directly follow the numerator and be enclosed in parentheses, e.g., "18 (86%) of 21 patients developed..."

## SAMPLE ABSTRACT

Anderson, Mark A., MD, MPH, NCIPC, Division of Violence Prevention, Youth Violence Prevention Team,  
Mailstop K-60, 770/488-4762  
EIS Class Year of Entry--1996  
One late-breaker presentation at 1997 EIS Conference  
Mackel Award consideration: no  
Peavy Award consideration: yes  
Willing to present at International Night: yes  
Number of abstracts submitted: 2    Priority of this abstract: 1<sup>st</sup>  
Strong preference for poster presentation: No

Mark A. Anderson, T. Simon, J. Sacks, A. Crosby

Suicidal Ideation Among Victims of Physical Assault — United States, 1994

**Background:** Although interpersonal violence is a known risk factor for suicide, the relationship between specific characteristics of violent assault and suicidal ideation, a predictor of suicide, are not well understood. Understanding this relationship is important because there are an estimated 3.2 million victims of interpersonal violence and more than 30,000 suicides every year in the United States.

**Methods:** In a 1994 random digit dialing telephone survey, 5,238 adults were asked if they had considered suicide or been physically assaulted during the past 12 months. Logistic regression was used to generate adjusted odds ratios (AORs) for the association between suicidal ideation and physical assault. Among persons who had been assaulted, we modeled the number of victimizations, physical injury, and relationship with the perpetrator as predictors of suicidal ideation. All models included other risk factors for suicidal ideation such as sex, age, race, education, employment, marital status, and alcohol use as covariates.

**Results:** Overall, 5.6% of the respondents had considered suicide in the past 12 months. Among the 420 persons who had been physically assaulted, 21.5% had considered suicide, compared with 4.2% among nonvictims (AOR=3.5, 95% Confidence Interval [CI]=2.3-5.3). Within the subgroup of victims, the likelihood of suicidal ideation was greatest among persons who were injured during the attack (AOR=2.8, 95% CI=1.3-6.2) or had been attacked by someone they knew (AOR=3.8, 95% CI=1.6-8.9), particularly an intimate partner (AOR=8.7, 95% CI=3.0-25.3).

**Conclusions:** Suicidal ideation may be a potential consequence of previous interpersonal violence victimization, particularly if the victim is injured or the perpetrator is an intimate partner of the victim. Providers caring for victims of interpersonal violence should consider suicidal behavior as a possible sequela of assault.

**Key words:** suicidal behavior, assault, violence, risk factor, victim



Attachment B

**EIS CONFERENCE ABSTRACT EVALUATION FORM**

**Scoring codes:**

4 = Outstanding

3 = Good

2 = Fair

1 = Poor

0 = Unacceptable

**Abstract number:**

**Total Score:**

**Reviewer Number: [--]**

**EVALUATION CRITERIA**

**COMMENTS (must comment for all scores  $\leq 1$ )**

\_\_\_\_\_ A. Significance to public health

\_\_\_\_\_ B. Background & rationale for study

\_\_\_\_\_ C. Appropriateness of methods

\_\_\_\_\_ D. Presentation of results

\_\_\_\_\_ E. Conclusions & interpretations of results

\_\_\_\_\_ F. Overall clarity of abstract

Additional Comments:

## Centers for Disease Control and Prevention Biographical Data Form

*You may use this form or attach a current CV. This information is required by accreditation organizations. It will be treated as a confidential document.*

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Name/Degrees:

Date Submitted:

Business Address:

Telephone:

Fax:

E-Mail:

Position/Title:

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**Education** *(include basic preparation through highest degree held)*

Degree/Year

Institution, City, State

Major Area of Study

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**Professional experience** (areas of expertise and publications pertinent to this educational activity)

## Attachment D

### **Centers for Disease Control and Prevention (CDC) Continuing Education Conflict of Interest Disclosure Form**

All presenters are expected to disclose to the audience any significant financial interest or other relationship (1) with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in an educational presentation and (2) with any commercial supporters of the activity. This disclosure should cover relationships that are in place at the time of and/or 12 months preceding the activity. Significant financial interest or other relationship may include grants or research support, being an employee, or consultant, major stock holder, member of speakers bureau, etc. The intent of this disclosure is to provide the audience with information on which they can make their own judgments determine whether the speaker's interests or relationships may influence the presentation with regard to exposition or conclusion.

**Title of CE Activity:** 53<sup>rd</sup> Annual Epidemic Intelligence Service (EIS) Conference

**Date of Activity:** April 19-23, 2004

**Presenter's Name:** \_\_\_\_\_

**Title of Presentation:** \_\_\_\_\_

**Date of the Presentation:** \_\_\_\_\_

**Commercial Supporters for this CE Activity are:** \_\_\_\_\_

1. Do you have any significant financial interest or other relationship with a commercial supporter of this CE activity? Yes \_\_\_\_\_ No \_\_\_\_\_ **If YES**, name the commercial supporters and describe the nature of the relationship(s).

2. Will your presentation include any discussion of commercial products or services (including non-profit services of any organization supporting this activity)? Yes \_\_\_\_\_ No \_\_\_\_\_ **(If yes, answer questions A & B below)**

**A. If Yes**, do you have a significant financial interest or other relationship with the manufacturer(s) of any of the products or providers(s) of any of the services you intend to discuss? Yes \_\_\_\_\_ No \_\_\_\_\_

**B. If Yes**, please list the manufacturer(s) or provider(s) and describe the nature of the relationship(s).

3. Will your presentation include any discussion of unlabeled use of a commercial product, or a product for investigational use? Yes \_\_\_\_\_ No \_\_\_\_\_

**If Yes**, please describe the product and the unlabeled or investigational use.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(If this form is submitted electronically, you may affix an electronic signature OR you may type your name on the signature line.)

**Fax to Erica Lowe at (404) 639-1311**

Revised September, 2003